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Reporting Agency ME0030500		Report Number 13-2621		Crash Date 9/15/2013		Crash Time 15:35		At Scene Date 9/15/2013		At Scene Time 15:38	
City or Town Portland			Street or Highway STATE ST			Nearest Intersecting Street Int of CONGRESS ST, STATE ST			<input type="checkbox"/> Off Road		
Direction FROM Nearest Intersection to Crash Site <input checked="" type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude 43.653120			Longitude -70.267010		
Node 1 16818		Node 2 0		Measurement Node		Distance to Scene 0 Miles 0 Tenths		Posted Speed Limit 25 Miles Hour		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> N/A <input type="checkbox"/> Not Posted 45	
(F1) Type of Crash 5 - Pedestrians						(F2) Type of Location 4 - Four Leg Intersection					
(F3) Weather Condition 1 - Clear						(F4) Light Condition 1 - Daylight					
(F5) Road Grade 1 - Level						(F6) Road Surface Condition 1 - Dry					
(F7) Traffic Control Device 1 - Traffic Signals (Stop & Go)						Traffic Control Device Operational (pre-crash)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
(F8) Location of First Harmful Event 1 - On Roadway						Total Damage over Threshold? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
(F9) Contributing Circumstances - Environment 1 1 - None						(F9) Contributing Circumstances - Environment 2					
(F10) Contributing Circumstances - Road 1 1 - None						(F10) Contributing Circumstances -Road 2 1 - None					
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
(F11) Location of the Crash related to Work Zone						(F12) Type of Work Zone					
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No						School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input checked="" type="checkbox"/> No					
<p>NARRATIVE</p> <p>AS V1 WAS MAKING A LEFT TURN ONTO STATE STREET FROM CONGRESS STREET, P1 WAS CROSSING STATE STREET FROM WEST TO EAST. IT SHOULD BE NOTED THAT V1 HAD A SOLID GREEN LIGHT. THE DRIVER OF V1 STATED THAT WHEN THERE WAS NO ONCOMING TRAFFIC, HE CONTINUED HIS LEFT TURN. THE DRIVER OF V1 TOLD ME THAT WITH THE SUN, HE DID NOT SEE ANYONE IN THE CROSS WALK AS HE APPROACHED. THE DRIVER OF V1 THEN TOLD ME THAT HE IMMEDIATELY SAW AND STUCK A FEMALE IN THE CROSS WALK. THE DRIVER OF V1 STATED THAT HE DID NOT HAVE TIME TO REACT TO THE FEMALE.</p> <p>THE FEMALE VICTIM ADVISED ME THAT SHE WAS CROSSING FROM WEST TO EAST AND HAD 16 SECONDS LEFT TO CROSS THE STREET, AS THE SIGNAL SHOWED. BOTH WITNESSES CONFIRMED BOTH THE DIRECTION OF TRAVEL, AND THE SIGNAL FOR THE PEDESTRIAN TO CROSS. NEITHER WITNESS STATED THAT THE DRIVER OF V1 WAS TRAVELING RECKLESSLY OR AT A HIGH RATE OF SPEED.</p> <p>THE FEMALE VICTIM WAS TRANSPORTED TO MAINE MEDICAL CENTER FOR EVALUATION AND TREATMENT. MEDCU ADVISED THAT THE VICTIM HAD BRUISES AND ABRASIONS, BUT NO LIFE...</p>						<p>CRASH DIAGRAM</p>					
Witness Last Name *		First		MI		Address * ME*		City		State Zip	
Witness Last Name *		First		MI		Address * ME*		City		State Zip	
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private					
Property Owner Name						Address City State Zip					
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private					
Property Owner Name						Address City State Zip					
Reporting Officer OFFICER MATTHEW MORRISON			Badge# 185		Report Date 9/15/2013		Approved By Administrator Erin e Clark			Approved Date 9/16/2013	

Report Number
13-2621

STATE OF MAINE CRASH REPORT

UNIT PAGE

U

Unit ID 1	<input type="checkbox"/> Hit Run?	VIN 1FAFP23155G134030	License Plate *	State ME	(U1) Unit Type 1 - Passenger Car
<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name *		Insurance Policy Number *	
(U2) Vehicle Make 18 - FORD			Vehicle Year 2005	(U3) Vehicle Color 5 - Green	
(U4) Vehicle Configuration			GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.		
Vehicle Has 9 or More Seats ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		HAZMAT Placarded ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vehicle Travel Direction <input type="checkbox"/> Northbound <input checked="" type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown	
(U5) Special Function Vehicle 1 - No Special Function			<input type="checkbox"/> Exempt Vehicle		
Emergency Vehicle Responding to Scene ?			<input type="checkbox"/> Yes <input type="checkbox"/> No		

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Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage		
(U6) Most Damaged Area 12 - Front		(U7) Most Harmful Event 13 - Motor Vehicle in Transport
(U8) Pre Crash Actions 6 - Making left turn		(U9) Contributing Circumstances - Vehicle 1 - None
(U10) Sequence of Events 1 50 - No Other Events		(U10) Sequence of Events 2
(U10) Sequence of Events 3		(U10) Sequence of Events 4

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<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Last Known Operator	License Number *	<input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended	State ME	License Class C	Endorsements 0	Restrictions 0
DRIVER Last Name *	First Name	MI	DRIVER Address * ME*	City	State	Zip
Citation Number	Pending <input type="checkbox"/>		Violation 1	Violation 2		
OWNER Last Name (skip if same as Driver) *	First Name	MI	OWNER Address * ME*	City	State	Zip

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(D1) Driver Distracted By 1 - Not Distracted	(D2) Condition at Time of Crash 1 - Apparently Normal
(D3) Driver Actions at Time of Crash 1 3 - Failed to Yield Right-of-Way	(D3) Driver Actions at Time of Crash 2 1 - No Contributing Action
Alcohol Test <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical TEST (Not Field Sobriety or PBT)	<input type="checkbox"/> Alcohol Test Result Pending
Alcohol BAC Result	
Drug Test <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers

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PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

SEAT ROW	SEAT POSITION	SEAT POSITION OTHER	AIRBAG DEPLOYED	RESTRAINT SYSTEM	INJURY TYPE	INJURY AREA	INJURY DEGREE
1-Front Row	1-Left (driver)	1-Sleeper Section of Cab (truck)	1-Not Applicable	1-Not Applicable	1-Amputation	1-Face	1-Fatal
2-Second Row	2-Middle	2-Other Enclosed Cargo Area	2-Not Deployed	2-None Used - Motor Vehicle Occupant	2-Bleeding	2-Head	2-Incapacitating
3-Third Row	3-Right	3-Unenclosed Cargo Area	3-Deployed - Front	3-Shoulder and Lap Belt Used	3-Broken Bones	3-Neck	3-Nonincapacitating
4-Fourth Row	4-Other	4-Trailing Unit	4-Deployed - Side	4-Shoulder Belt Only Used	4-Burns	4-Back	4-Possible Injury
5-Other Row	5-Unknown	5-Riding on Motor Vehicle Ext (non-trailing unit)	5-Deployed - Other (knee, air belt,...)	5-Lap Belt Only Used	5-Concussion	5-Arm(s)	5-No Injury
6-Unknown	6-Unknown	6-Unknown	6-Deployed - Combination	6-Restraint Used - Other	6-Shock	6-Leg(s)	
			7-Deployment - Curtain	7-Child Restraint - Forward Facing	7-Dizziness	7-Chest Stomach	INJURY INFO SOURCE
EJECTED	HELMET USE			8-Child Restraint - Rear Facing	8-Abrasion/Bruises	8-Internal	1-Officer Observation
1-Not Ejected	1-DOT-Compliant Motorcycle Helmet			9-Child Restraint - Used Incorrectly	9-Complaint of Pain	9-Entire Body	2-Individual Statement
2-Ejected Partially	2-Other Helmet			10-Booster Seat	10-Other	10-Other	3-Medical, Paramedical Observation
3-Ejected Totally	3-No Helmet			11-Child Restraint - Other			

AMB CODES - see code sheet

Person Type	Include Driver, Passengers, Bicyclist, and Pedestrians	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
6	*	M	02/26/57	1	1		2	1	3	3	5			2	1

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Report Number
13-2621

STATE OF MAINE CRASH REPORT

UNIT PAGE

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Unit ID 500	<input type="checkbox"/> Hit Run?	VIN	License Plate *	State	(U1) Unit Type 22 - Pedestrian
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<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name *	Insurance Policy Number *
(U2) Vehicle Make	Vehicle Year	(U3) Vehicle Color	
(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.		
Vehicle Has 9 or More Seats ? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown	
(U5) Special Function Vehicle <input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No		

D

Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage			
(U6) Most Damaged Area	(U7) Most Harmful Event		
(U8) Pre Crash Actions	(U9) Contributing Circumstances - Vehicle		
(U10) Sequence of Events 1	(U10) Sequence of Events 2		
(U10) Sequence of Events 3	(U10) Sequence of Events 4		

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<input type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input checked="" type="checkbox"/> Pedestrian <input type="checkbox"/> Last Known Operator	License Number *	<input type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended	State	License Class	Endorsements	Restrictions
PEDESTRIAN Last Name *	First Name	MI	PEDESTRIAN Address	City	State	Zip
Citation Number	Pending <input type="checkbox"/>	Violation 1		Violation 2		
OWNER Last Name (skip if same as Driver)	First Name	MI	OWNER Address	City	State	Zip
(D1) Driver Distracted By	(D2) Condition at Time of Crash 1 - Apparently Normal					
(D3) Driver Actions at Time of Crash 1	(D3) Driver Actions at Time of Crash 2					
Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	Alcohol Test Result Pending			Alcohol BAC Result		
Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending					
(D4) Non Motorist Location at Time of Crash 1 - Intersection - Marked Crosswalk	(D5) Non Motorist Action Prior to Crash 1 - Crossing Roadway					
(D6) Non Motorist Action at Time of Crash 1 1 - No Improper Action	(D6) Non Motorist Action at Time of Crash 2 1 - No Improper Action					
(D7) Pedestrian Maneuvers 1 - Crossing with Signal	(D8) Bicyclist Maneuvers					

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PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

SEAT ROW	SEAT POSITION	SEAT POSITION OTHER	AIRBAG DEPLOYED	RESTRAINT SYSTEM	INJURY TYPE	INJURY AREA	INJURY DEGREE
1-Front Row	1-Left (driver)	1-Sleeper Section of Cab (truck)	1-Not Applicable	1-Not Applicable	1-Amputation	1-Face	1-Fatal
2-Second Row	2-Middle	2-Other Enclosed Cargo Area	2-Not Deployed	2-None Used - Motor Vehicle Occupant	2-Bleeding	2-Head	2-Incapacitating
3-Third Row	3-Right	3-Unenclosed Cargo Area	3-Deployed - Front	3-Shoulder and Lap Belt Used	3-Broken Bones	3-Neck	3-NonIncapacitating
4-Fourth Row	4-Other	4-Trailing Unit	4-Deployed - Side	4-Shoulder Belt Only Used	4-Burns	4-Back	4-Possible Injury
5-Other Row	5-Unknown	5-Riding on Motor Vehicle Ext (non-trailing unit)	5-Deployed - Other (knee, air belt,...)	5-Lap Belt Only Used	5-Concussion	5-Arm(s)	5-No Injury
6-Unknown		6-Unknown	6-Deployed - Combination	6-Restraint Used - Other	6-Shock	6-Leg(s)	
			7-Deployment - Curtain	7-Child Restraint - Forward Facing	7-Dizziness	7-Chest Stomach	INJURY INFO SOURCE
EJECTED	HELMET USE			8-Child Restraint - Rear Facing	8-Abrasion/Bruises	8-Internal	1-Officer Observation
1-Not Ejected	1-DOT-Compliant Motorcycle Helmet			9-Child Restraint - Used Incorrectly	9-Complaint of Pain	9-Entire Body	2-Individual Statement
2-Ejected Partially	2-Other Helmet			10-Booster Seat	10-Other	10-Other	3-Medical, Paramedical Observation
3-Ejected Totally	3-No Helmet			11-Child Restraint - Other			

AMB CODES - see code sheet

Person Type	Last Name, First Name, Mi	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
3	*	F	01/13/84								4	8	9	3	1

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STATE OF MAINE CRASH REPORT

Report Number

13-2621

Narrative / Diagram Supplemental

AS V1 WAS MAKING A LEFT TURN ONTO STATE STREET FROM CONGRESS STREET, P1 WAS CROSSING STATE STREET FROM WEST TO EAST. IT SHOULD BE NOTED THAT V1 HAD A SOLID GREEN LIGHT. THE DRIVER OF V1 STATED THAT WHEN THERE WAS NO ONCOMING TRAFFIC, HE CONTINUED HIS LEFT TURN. THE DRIVER OF V1 TOLD ME THAT WITH THE SUN, HE DID NOT SEE ANYONE IN THE CROSS WALK AS HE APPROACHED. THE DRIVER OF V1 THEN TOLD ME THAT HE IMMEDIATELY SAW AND STUCK A FEMALE IN THE CROSS WALK. THE DRIVER OF V1 STATED THAT HE DID NOT HAVE TIME TO REACT TO THE FEMALE.

THE FEMALE VICTIM ADVISED ME THAT SHE WAS CROSSING FROM WEST TO EAST AND HAD 16 SECONDS LEFT TO CROSS THE STREET, AS THE SIGNAL SHOWED. BOTH WITNESSES CONFIRMED BOTH THE DIRECTION OF TRAVEL, AND THE SIGNAL FOR THE PEDESTRIAN TO CROSS. NEITHER WITNESS STATED THAT THE DRIVER OF V1 WAS TRAVELING RECKLESSLY OR AT A HIGH RATE OF SPEED.

THE FEMALE VICTIM WAS TRANSPORTED TO MAINE MEDICAL CENTER FOR EVALUATION AND TREATMENT. MEDCU ADVISED THAT THE VICTIM HAD BRUISES AND ABRASIONS, BUT NO LIFE THREATENING INJURIES. STANDARDIZED FIELD SOBRIETY TESTS WERE PERFORMED ON THE DRIVER OF V1, WITH NEGATIVE RESULTS. THE DRIVER OF V1 DID NOT SUSTAIN ANY INJURY AS A RESULT OF THE CRASH.